



22783 U.S. PTO

COMMISSIONER FOR PATENTS
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: November 17, 2003
File No. 1117.68737

22154 U.S. PTO
10/714816



Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Tashiro et al.

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

For: LIQUID CRYSTAL DISPLAY DEVICE

Nov. 17, 2003
Date

David Aman
Express Mail Label No.: EV032735462US

Enclosed are:

- ☒ (X) 44 pages of specification, including 30 claims and an abstract.
- ☐ () an executed oath or declaration, with power of attorney.
- ☒ (X) an unexecuted oath or declaration, with power of attorney.
- ☒ (X) 34 sheet(s) of informal drawing(s).
- ☐ () sheet(s) of formal drawings(s).
- ☐ () Assignment(s) of the invention to and Assignment Cover Sheet.
- ☐ () A check in the amount of \$ to cover the fee for recording the assignment(s).
- ☐ () Information Disclosure Statement, Form PTO-1449 and cited references.
- ☐ () Claim for Priority and Priority Document.

Fee Calculation For Claims As Filed

- | | | | | | |
|--|---------------|---|-----------|------------------|---|
| a) Basic Fee | | | | | \$ 770.00 |
| b) Independent Claims | <u> </u> | - | <u>3</u> | = | <u> </u> x \$ 86.00 = \$ <u> </u> |
| c) Total Claims | <u> </u> | - | <u>20</u> | = | <u> </u> x \$ 18.00 = \$ <u> </u> |
| d) Fee for Multiple Dependent Claims | | | | | \$ 290.00 = \$ <u> </u> |
| | | | | Total Filing Fee | \$ <u> </u> |
| <input type="checkbox"/> () Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to | | | | | \$ <u> </u> |
| <input type="checkbox"/> () A check in the amount of \$ <u> </u> to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> () Charge \$ <u> </u> to Deposit Account No. 07-2069. | | | | | |
| () The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. | | | | | |
| A duplicate copy of this sheet is enclosed. | | | | | |

Respectfully submitted,

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